How patients and family members deal with chronic life threatening illnesses can increase their chances of getting the best care, no matter where!

Each year, the Dartmouth Institute for Health Policy and Clinical Practice releases new data and reports that give physicians, health system leaders, health care purchasers and patients/consumers new insights on the performance of the health care sector in the United States. This information over the past decade has made decision makers familiar with the wide variations in health care costs, utilization and quality that persist at the state, regional, and community levels

Now the Dartmouth Atlas data and reports are able to explore the variation in health care performance at the individual hospital level. By compiling Medicare benefit claim data over the period 2001-2005 (the most recent data available) and analyzing care statistics for patients being treated for one or more of nine serious chronic illnesses who repeatedly use a specific hospital, the Atlas data can be used to see how hospitals compare on costs, utilization and quality indicators for this end of life care. This report has been prepared from the data available on the Dartmouth Atlas website, www.dartmouthatlas.org

Data Table

Data for fifty-three hospitals for which the Atlas had sufficient numbers of patient claim records to assure statistical reliability to produce a "hospital care intensity index" are included in this table. A few hospitals beyond the borders of Iowa are included because Iowans make frequent use of these institutions.

Performance data categories: 1) Intensity and Utilization, 2) Capacity, 3) Spending and 4) Quality. The table has two measures for each category.

- **INTENSITY:** Hospital Care Intensity Index is a measure of the number of days patients spent in the hospital and the number of physician visits they received as inpatients.

Decedents seeing 10 or more physicians during the last 6 months of life is the percentage of those patients using each hospital who have this many doctors providing care.

- **CAPACITY:** Hospital Bed Inputs per 1000 decedents during the last 2 years of life is the number of beds fully occupied for the treatment of chronic illness.

Percent enrolled in hospice is the portion of patients who have signed up with a hospice during the last six months of life. These patients tend to use less hospital care.

- **SPENDING:** Total Medicare reimbursements per enrollee during the last 2 years of life includes the cost of hospital services, physicians' services, medical equipment and outpatient care. It is not price adjusted.

Average physician services co-payments during the last 2 years of life is the amount not covered by Part B of Medicare. This cost is often covered by a Medicare Supplement plan.

- **QUALITY:** CMS quality score, all patients is a composite of the specific clinical process scores for treatment of all patients with certain conditions shown on the government's "Hospital Compare" website (www.hospitalcompare.hhs.gov). Hospitals are listed as n/a if they do not have all measures or sufficient patient volume to calculate the composite score. HCAHPS score is the percentage of surveyed patients who rate their care at 9 or 10 points on a ten-point scale. For more on HCAHPS see Guide 3 in this series.

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Greater Iowa Area Ranks

Hospital Name,	City, State	INTENSITY UTILIZATION: Iowa Area Rank	INTENSITY UTILIZATION: Hospital Care Intensity Index	INTENSITY UTILIZATION: Iowa Area Rank	INTENSITY UTILIZATION: Percent of decedents seeing 10 or more physicians during last 6 months of life	CAPACITY: Iowa Area Rank	CAPACITY: Hospital bed inputs per 1,000 decedents during last 2 years of life	CAPACITY: Iowa Area Rank	CAPACITY: Percent enrolled in hospice	SPENDING: Iowa Area Rank	SPENDING: Total Medicare reimbursemts per enrollee during last 2 years of life	SPENDING: Iowa Area Rank	SPENDING: Average physician services co-payments during last 2 years of life	QUALITY **: CMS Quality Score, All Patients	QUALITY **: Percentage rating of 9 or 10 on HCAHPS survey
National Top Ten Percent Benchmark*			10.0		13%		41		46%		38,796		1,600		73%
National Average	United States		50.0		36%		65		32%		52,838		2,669	93	61%
Greater Iowa Area Average			32.7		24%		56		32%		40,493		1,944	87	67%
Mercy Medical Center-Mason City	Mason City, IA	1	1.4	21	19%	2	37	1	63%	21	37,920	10	1,441	n/a	69%
Gundersen Lutheran Medical Center	La Crosse, WI	2	1.5	38	31%	1	37	46	23%	19	37,289	30	1,991	n/a	74%
Marshalltown Medical & Surgical Center	Marshalltown, IA	3	3.9	7	10%	3	41	33	29%	4	31,317	4	1,218	94	n/a
Greater Regional Medical Center ***(CAH)***	Creston, IA	4	5.6	2	4%	9	47	45	24%	2	30,034	1	924	n/a	69%
Sartori Memorial Hospital	Cedar Falls, IA	5	5.9	15	16%	10	47	20	34%	11	36,094	2	1,050	n/a	63%
Franciscan Skemp Healthcare-La Crosse	La Crosse, WI	6	6.5	28	23%	4	43	42	24%	17	36,884	24	1,771	n/a	71%
Unity Hospital	Muscatine, IA	7	8.2	9	11%	13	50	47	23%	9	34,339	18	1,563	n/a	n/a
Mercy Medical Center-Dubuque	Dubuque, IA	8	8.4	12	14%	5	45	28	31%	6	32,403	23	1,743	n/a	76%
Mahaska Health Partnership ***(CAH)***	Oskaloosa, IA	9	9.2	11	13%	7	46	16	35%	5	32,128	7	1,391	92	7%
Buena Vista Regional Medical Center ***(CAH)***	Storm Lake, IA	10	11.4	3	8%	17	51	43	24%	15	36,629	5	1,280	n/a	n/a
Allen Memorial Hospital	Waterloo, IA	11	11.5	31	26%	11	48	14	36%	25	39,386	29	1,971	86	59%
Grinnell Regional Medical Center	Grinnell, IA	12	12.6	13	14%	8	47	26	32%	12	36,466	8	1,403	n/a	66%
Boone County Hospital ***(CAH)***	Boone, IA	13	13.1	5	10%	16	51	38	27%	1	29,401	3	1,192	n/a	n/a
Skiff Medical Center	Newton, IA	14	15.2	20	18%	14	51	13	36%	8	33,987	9	1,411	96	73%
Genesis Medical Center, Illini Campus	Silvis, IL	15	16.7	32	26%	6	45	40	25%	33	41,173	42	2,278	92	68%
Keokuk Area Hospital	Keokuk, IA	16	16.7	8	11%	19	53	51	17%	26	39,606	13	1,498	n/a	61%
St. Anthony Regional Hospital	Carroll, IA	17	18.5	19	17%	15	51	50	17%	13	36,526	19	1,570	83	n/a
Fort Madison Community Hospital	Fort Madison, IA	18	19.8	10	12%	22	54	37	28%	10	35,568	16	1,538	n/a	7%
Hamilton Hospital ***(CAH)***	Webster City, IA	19	21.0	1	4%	31	58	48	19%	16	36,686	14	1,526	n/a	63%
Covenant Medical Center	Waterloo, IA	20	21.0	34	28%	12	50	10	39%	36	41,998	25	1,779	n/a	59%
Finley Hospital	Dubuque, IA	21	22.1	25	22%	20	53	24	32%	24	38,696	33	2,077	93	61%
Mercy Hospital Iowa City	Iowa City, IA	22	22.3	4	8%	27	56	29	30%	3	31,229	11	1,463	87	75%
St. Luke's Hospital	Cedar Rapids, IA	23	23.8	27	23%	23	55	12	38%	18	37,263	27	1,874	89	71%
Cass County Memorial Hospital ***(CAH)***	Atlantic, IA	24	23.8	17	17%	25	55	39	26%	41	43,984	26	1,789	91	66%
Myrtue Medical Center ***(CAH)***	Harlan, IA	25	24.6	14	15%	21	53	49	18%	43	45,253	12	1,483	94	65%
Mercy Medical Center-Cedar Rapids	Cedar Rapids, IA	26	26.7	26	22%	29	56	21	34%	14	36,590	32	1,994	94	73%
St. Mary's Hospital	Rochester, MN	27	28.1	46	41%	33	58	32	29%	52	53,432	36	2,152	n/a	75%
Ottumwa Regional Health Center	Ottumwa, IA	28	30.2	16	17%	34	58	23	33%	23	38,330	20	1,602	n/a	58%
Burgess Health Center ***(CAH)***	Onawa, IA	29	30.8	18	17%	37	61	35	28%	35	41,647	6	1,335	83	n/a
Trinity Regional Medical Center	Fort Dodge, IA	30	31.0	30	25%	28	56	18	35%	22	37,980	22	1,717	n/a	67%
Creighton University Medical Center	Omaha, NE	31	31.9	36	29%	26	56	25	32%	49	51,635	34	2,111	n/a	61%
St. Luke's Regional Medical Center	Sioux City, IA	32	34.6	40	31%	18	52	2	51%	20	37,581	41	2,276	89	65%
Great River Medical Center	West Burlington, IA	33	36.7	24	21%	36	61	41	25%	40	43,053	43	2,362	n/a	n/a
Montgomery County Memorial Hospital ***(CAH)***	Red Oak, IA	34	37.5	6	10%	42	64	53	12%	45	46,672	15	1,532	n/a	78%
Trinity Medical Center-West	Rock Island, IL	35	39.8	33	28%	32	58	44	24%	44	45,743	50	2,888	93	59%
University of Iowa Hospitals & Clinics	Iowa City, IA	36	41.8	44	35%	51	68	27	32%	47	48,427	28	1,908	91	66%
Rochester Methodist Hospital	Rochester, MN	37	42.2	53	51%	47	67	15	35%	53	60,907	53	3,610	91	72%
Alegent Health Mercy Hospital	Council Bluffs, IA	38	42.6	39	31%	24	55	7	42%	31	4,0831	37	2,175	90	72%
Mercy Medical Center-Sioux City	Sioux City, IA	39	44.0	37	30%	39	62	4	45%	38	42,272	39	2,225	94	66%
Avera McKennan Hospital	Sioux Falls, SD	40	48.9	42	35%	30	57	30	30%	39	42,892	38	2,187	94	68%
Sioux Valley Hospital University Medical Center	Sioux Falls, SD	41	50.8	43	35%	35	60	31	29%	34	41,393	35	2,145	94	69%
Mercy Medical Center-Clinton	Clinton, IA	42	54.1	23	20%	46	66	11	39%	30	40,484	45	2,533	90	58%
Jennie Edmundson Memorial Hospital	Council Bluffs, IA	43	55.6	29	23%	38	61	22	33%	29	40,357	49	2,876	93	64%
Genesis Medical Center	Davenport, IA	44	56.0	35	28%	49	68	36	28%	28	39,964	31	1,992	94	69%
Iowa Lutheran Hospital	Des Moines, IA	45	61.4	41	32%	44	66	5	43%	27	39,638	21	1,712	96	7%
Mercy Medical Center-Centerville ***(CAH)***	Centerville, IA	46	61.5	22	19%	50	68	52	14%	7	33,778	17	1,545	89	n/a
Nebraska Medical Center	Omaha, NE	47	63.3	48	41%	45	66	34	29%	50	52,276	40	2,260	90	67%
Mary Greeley Medical Center	Ames, IA	48	64.1	45	36%	40	63	8	42%	32	40,866	47	2,652	85	57%
Iowa Methodist Medical Center	Des Moines, IA	49	64.9	47	41%	52	69	6	43%	42	44,068	46	2,611	92	68%
Mercy Medical Center-Des Moines	Des Moines, IA	50	68.8	50	45%	43	65	3	47%	37	42,091	44	2,407	n/a	62%
Alegent Health Bergan Mercy Center	Omaha, NE	51	74.0	49	42%	41	63	19	34%	46	48,215	48	2,823	87	72%
Nebraska Methodist Hospital	Omaha, NE	52	82.9	51	48%	48	67	17	35%	48	49,908	52	3,235	92	63%
Alegent Health Immanuel Medical Center	Omaha, NE	53	84.3	52	49%	53	73	9	39%	51	52,811	51	2,934	92	7%

* National Top Ten Percent Benchmark: 10th percentile for metrics where less is better except for hospice and quality where more is better. Note: Hospitals are sorted low to high baesd on the Hospital Care Intensity Index.

** Ranks are not shown for the quality scores because some hospitals do not report sufficient detail to CMS to produce a score (marked as n/a).

CAH - Critical Access Hospital

Intensity, Capacity and Cost

Dartmouth research shows that health care spending is driven primarily by utilization rates. Utilization rates in turn are largely driven by capacity (the supply of facilities and practitioners) and by the payment system which rewards higher volume of services. Better quality results from lower levels of overuse of tests, technology and unnecessary treatment as called for in evidence-based clinical standards. Dartmouth's reports attempt to help consumers align their care with their personal values and avoid unnecessary services.

We encourage you to learn more about these studies by reading the executive summary of the Dartmouth report "Tracking the Care of Patients with Severe Chronic Illness" published in 2008. You can download a copy of this report at www.dartmouthatlas.org/atlases/2008_Chronic_Care_Atlas.pdf .

Since Dartmouth finds costs are mostly driven by utilization rather than the price of services, Dartmouth has developed a new indicator, the "hospital care intensity index" to capture elements of facility and practitioner utilization in one statistic. As defined in the 2008 report, "The Hospital Care Intensity Index is based on two variables:

- the number of days patients spent in the hospital and
- the number of physician encounters (visits) they experienced as inpatients.

It is computed as the age-sex-race-illness standardized ratio of patient days and visits. For each variable, the ratio of a given hospital's utilization rate to the national average was calculated, and these two ratios were averaged to create the index."

Quality of Care

In general, better quality costs less. The Dartmouth research found that patients with serious conditions who are treated in regions that provide the most aggressive medical care — have the most tests and procedures, see the most specialists, and spend the most days in hospitals --don't live longer or enjoy a better quality of life than those who receive more conservative treatment. Many believe that is due to the underuse of evidence-based primary care for chronic illnesses and a desire among physician specialists and hospitals to use intensive care when it is available. The nonpartisan Congressional Budget Office found a reverse correlation between per capita Medicare spending and care quality. Fewer patients hospitalized with heart attacks, heart failure and pneumonia get recommended treatments in the higher-spending areas.

Specific information on quality of care for many hospitals can be found at www.leapfroggroup.org .

For comparison purposes performance statistics for the national average, the Iowa area average and the top ten percent across the nation are found by observing the three benchmark rows at the top of the table.

In general, hospitals in the Iowa area perform well above the national average and above the top ten percent benchmark in many instances. Making the top ten percent for the nation become the average for the Greater Iowa Area hospitals is a potential performance improvement goal for leaders in health care to adopt. A more detailed report of Dartmouth Atlas data for Iowa area hospitals is available from the Iowa Health Buyers Alliance.

WHAT CAN YOU DO TO GET THE RIGHT CARE?*

Tips for Coping with a Complicated System

- **Develop a good relationship with your primary care doctor:** What can you do? 1) Let this doctor know your thoughts regarding your values so he or she understands what you want. 2) If you have a "living will" or similar "advanced directive" document, make sure your doctor has a copy.
- **Know your hospital:** It pays to know what kind of care to expect from hospitals in your area. Some are better than others at managing long-term conditions in a way that prevents the need for frequent hospitalizations and specialists' visits, and accompanying risks of infections and medical errors. What can you do? 1) consider using a doctor attached to a hospital that practices conservative care (hospitals with a low Hospital Care Intensity index score in this report offer more conservative care), 2) work with your primary care doctor or specialists on preventive measures that can help avoid unneeded hospitalizations, and 3) when hospital stays are necessary, try to make sure that a family member or friend is there whenever possible to monitor the patient's care.
- **Ask pros and cons:** Just because a test or treatment can be done doesn't mean it should be done. Every intervention can cause complications. What can you do? 1) For tests ask: Will this test change the way you treat the disease? If not, what is the benefit of doing it? Is this test likely to lead to follow-up tests, biopsies, or other diagnostic procedures? How will this benefit my health? 2) For treatments, ask: Is this likely to extend my life, and if so, for how long? How do its side affects and risks compare with the symptoms and risks of my disease itself? What will happen if I do not have the treatment?
- **Push for coordination:** Having many doctors involved in your care can lead to confusion, miscommunication and errors. (Hospitals where many patients see ten or more doctors face this problem.) What can you do? 1) Develop a good-long term relationship with a primary-care physician. When problems arise, ask this doctor or main specialists to coordinate all your treatment. 2) Keep and update your medical records. Whenever you get care from any other doctor, hospital, laboratory, or clinic, have a record sent to your primary-care doctor and to yourself. 3) Keep an up-to-date list of all your medications, including prescription drugs, over-the-counter drugs, and dietary supplements.
- **Mind the transitions:** Many errors occur during transfers in the hospital, or to home, a rehab center, or a nursing home. What can you do? 1) Do not assume your primary-care doctor knows you have entered or left the hospital. Make a call if necessary, and be sure to fill out forms authorizing the hospital to send your doctor records of your stay. 2) Ask for "medication reconciliation" when moving from one health-care setting to another, including your home. Going over all the medicines helps you make sure you are getting all you need without duplications or harmful interactions. 3) Do not leave the hospital without completely understanding and signing off on the plan for follow-up, who is going arrange for and provide it, and how to get in touch with that person. And make sure you and your doctor receive results of ant tests taken in the hospital.
- **Have "the talk":** What can you do as the patient's advocate? 1) Discuss with the doctor(s) the patients overall condition and outlook. You might need to insist to get all doctors together if many are involved. 2) Ask for consultation with a palliative-care service for patients who are seriously ill and receiving aggressive care. Palliative specialists are trained to consider the patient's entire medical and personal situation.
- **Think twice about drastic measures:** What can you do? 1) Every adult should have an "advanced directive" (available at www.caringinfo.org). 2) Consider hospice care. 3) Don't be pressured into agreeing to aggressive or invasive treatments without a thorough discussion of patient's prognosis, personal preference (If known), and overall condition.

> Three-quarters of the more than $2 trillion in annual U.S. health care spending goes to paying the bills for chronic illnesses. Across the globe, the World Health Organization estimates that three out of every five deaths come from chronic disease. International surveys show that no country has truly figured out how to address chronic conditions in an effective and coordinated fashion, but the United States does a particularly poor job in this area: U.S. patients with chronic illness are far more likely than their counterparts in other countries to face high out-of-pocket costs, to forgo care because of cost, and to experience high rates of medical errors.
>
> *Source: Health Affairs December 2008*

> A rise in chronic disease, particularly among baby boomers and older adults, was a key driver of the fact that consumers spent about 40 % more out of pocket for health care over the past 10 years.
>
> *Source: Health Affairs January 2009*

* Adapted from Consumer Reports, July 2008, "Too Much Treatment?"

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Consumers' Health Guide Series | Guide 4

Iowa Report Card | Version 1.0

Ranking of Hospitals for Chronic Care

Greater Iowa Area

Large variations in the amount of hospital care for serious chronic disease such as cancer, heart disease and lung disease exist depending upon which hospital provides the care. There are sharp differences in the amount of time people with serious conditions spend in the hospital and how much they will pay. These large variations in hospital care point to an urgent need for greater public education about how to navigate our health-care system.

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